

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/517242

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		2				
12		1				
13		1				
14		2				
15		2				
16		2				
17		2				
18		2				
19		2				
20		2				
21		1				
22		1				
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37						
38						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	33	↓	↓	↓		
CLAIMS	34					

TOTAL
IND.

TOTAL
DEP.

TOTAL
CLAIMS

TOTAL
IND.
DEP.
CLAIMS